

## Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order.

- ☐ Face Sheet (2 pages)
- ☐ 21st Century Museum Professionals Information Form (2 pages)
- ☐ Explanation of budget deficit or surplus, if applicable
- ☐ Narrative (not to exceed 7 pages)
- ☐ Schedule of Completion
- ☐ Project Budget Forms
  - ☐ Summary Budget
  - ☐ Detailed Budget
  - ☐ Budget Justification
- ☐ Proof of current, federally negotiated rate for indirect costs, if applicable
- ☐ Specifications for projects that develop digital products, if applicable
- ☐ Proof of nonprofit status, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Organizational Profile(s)
- ☐ List of key project staff and consultants
- ☐ Resume(s) for key project personnel (not to exceed 2 pages per person)
- ☐ Letters of Commitment
- ☐ Attachments (not to exceed 20 pages)

## IMLS Face Sheet

OMB No. 3137-0057

Exp. 1/31/2008

CFDA No. 45.307

**1. APPLICANT ORGANIZATION**

Legal Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Zip + 4/Postal Code \_\_\_\_\_ Congressional District \_\_\_\_\_  
DUNS Number \_\_\_\_\_ Employer Identification Number (EIN/TIN) \_\_\_\_\_  
Web Address http:// \_\_\_\_\_

**2. PROJECT INFORMATION**

Project Title \_\_\_\_\_  
Project Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Grant Period Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
(must begin between 10/1/06-12/1/06)

**3. PROJECT DIRECTOR**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Zip + 4/Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**4. PRIMARY CONTACT/GRANTS ADMINISTRATOR****Same as Project Director (skip to item 5) ☐**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Zip + 4/Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**CONTINUE TO LINE 5**

**5. TYPE OF APPLICANT: CHECK THE ONE APPLICANT TYPE THAT APPLIES**

- ☐ State Government  
☐ County Government  
☐ City or Township Government  
☐ Special District Government  
☐ Regional Organization  
☐ U.S. Territory or Possession  
☐ Independent School District  
☐ Public/State Controlled Institution of Higher Learning  
☐ Indian/Native American Tribal Government (federally recognized)  
☐ Indian/Native American Tribal Government (other than federally recognized)  
☐ Indian/Native American Tribally Designated Organization  
☐ Public/Indian Housing Authority  
☐ Nonprofit with 501(C)(3) IRS Status (other than institution of higher education)  
☐ Nonprofit without 501(C)(3) IRS Status (other than institution of higher education)  
☐ Private Institution of Higher Education  
☐ Individual  
☐ For-Profit Organization (other than small business)  
☐ Small Business  
☐ Hispanic-Serving Institution  
☐ Historically Black Colleges and Universities (HBCUs)  
☐ Tribally Controlled Colleges and Universities (TCCUs)  
☐ Alaska Native and Native Hawaiian Serving Institutions  
☐ Non-Domestic (non-U.S.) Entity  
☐ Other (specify)\_\_\_\_\_

**6. AUTHORIZED REPRESENTATIVE/AUTHORIZING OFFICIAL**

By signing the application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(U.S. Code, Title 218, Section 1001)

☐ I Agree

\*\*Certifications and Assurances are set forth in the IMLS guidelines for the program to which application is made.

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of Authorized Representative/Authorizing Official

Date Signed

## 21<sup>st</sup> Century Museum Professionals Information

1. Legal Name \_\_\_\_\_  
 Organizational Unit (if different from Legal Name) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

2. Type of organization (check one)

- ☐ State museum agency  
☐ Institute of higher learning  
☐ Museum services organization or association  
☐ Aquarium  
☐ Arboretum/botanic garden  
☐ Art museum  
☐ Children's/youth museum  
☐ General museum\*  
☐ Historic house/site  
☐ History museum  
☐ Natural history museum  
☐ Nature center  
☐ Planetarium  
☐ Science/technology museum  
☐ Specialized museum  
☐ Zoological society

\* A museum with collections representing two or more disciplines equally (e.g., art and history)

\*\* A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group)

3. Number of full-time paid museum staff \_\_\_\_\_ 4. Number of part-time paid museum staff \_\_\_\_\_

5. Number of full-time unpaid museum staff \_\_\_\_\_ 6. Number of part-time unpaid museum staff \_\_\_\_\_

7.

Fiscal Year	Revenue/ Support/Income	Expenses/ Outlays	Budget Deficit (if applicable)**	Budget Surplus (if applicable)**
Most recently completed FY 20____	\$ _____	\$ _____	(\$ _____)	\$ _____
Second most recently completed FY 20____	\$ _____	\$ _____	(\$ _____)	\$ _____

\*\* If Institution has a budget deficit or surplus for either of the two most recently completed fiscal years, please attach a single sheet behind this face sheet to explain the circumstances of this deficit or surplus.

8. Total Amount Requested \$ \_\_\_\_\_ .00

9. Amount of Cost Share \$ \_\_\_\_\_ .00

CONTINUE TO LINE 10

10. In the space below, include the names of any organizations that are official partners of the project.

11. Summary of project activities (2,000 maximum character count):

# Project Budget Form

## SECTION 1: SUMMARY BUDGET

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.5–3.7 BEFORE PROCEEDING.

### DIRECT COSTS

	IMLS	Cost Share	Total
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES, & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
<b>TOTAL DIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>INDIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
	<b>TOTAL PROJECT COSTS</b>		<b>\$ _____</b>

**AMOUNT OF COST SHARE** \$ \_\_\_\_\_

**AMOUNT OF IN-KIND CONTRIBUTIONS** \$ \_\_\_\_\_

**TOTAL AMOUNT OF COST SHARE (CASH & IN-KIND CONTRIBUTIONS)** \$ \_\_\_\_\_

**AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS** \$ \_\_\_\_\_

**PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS** \_\_\_\_\_ %  
(MAY NOT EXCEED 50%)

Have you received or requested funds for any of these project activities from another federal agency?  
(Please check one) ☐ Yes ☐ No

If yes, name of agency \_\_\_\_\_

Request/Award amount \_\_\_\_\_

# Project Budget Form

## SECTION 2: 21ST CENTURY MUSEUM PROFESSIONALS DETAILED BUDGET

Year ☐ 1 ☐ 2 ☐ 3 – Budget Period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.5–3.7 BEFORE PROCEEDING.

### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____

### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____

### FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS \$</b>			_____	_____	_____

### CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTANT FEES \$</b>			_____	_____	_____

### TRAVEL

FROM/TO	NUMBER OF: PERSONS	DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	( )	( )	_____	_____	_____	_____	_____
_____	( )	( )	_____	_____	_____	_____	_____
_____	( )	( )	_____	_____	_____	_____	_____
_____	( )	( )	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS \$</b>					_____	_____	_____

# Project Budget Form

## SECTION 2: 21ST CENTURY MUSEUM PROFESSIONALS DETAILED BUDGET

Year ☐ 1 ☐ 2 ☐ 3

### MATERIALS, SUPPLIES, AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES, &amp; EQUIPMENT \$</b>		_____	_____	_____

### SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL SERVICES COSTS \$</b>		_____	_____	_____

### OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL OTHER COSTS \$</b>		_____	_____	_____

<b>TOTAL DIRECT PROJECT COSTS \$</b> _____
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### INDIRECT COSTS

Read the instructions about Indirect Costs on pages 3.6–3.7 before completing this section.

Applicant organization is using (check one)

- ☐ An indirect cost rate that does not exceed 15 percent  
☐ A current, federally negotiated indirect cost rate

\_\_\_\_\_  
Name of Federal Agency

\_\_\_\_\_  
Expiration Date of Agreement

- ☐ A proposed rate while negotiating a federally negotiated indirect cost rate (must include the indirect cost proposal in the application material)

\_\_\_\_\_  
Name of Federal Agency

\_\_\_\_\_  
Date of initial proposal

### Indirect Cost Calculations

\_\_\_\_\_% of \$\_\_\_\_\_ (modified direct IMLS costs) = \$\_\_\_\_\_ IMLS indirect portion

\_\_\_\_\_% of \$\_\_\_\_\_ (modified direct cost share costs) = \$\_\_\_\_\_ cost share indirect portion

Total indirect costs = \$\_\_\_\_\_



# Specifications for Projects That Develop Digital Products

Part I. Complete the appropriate sections:

## A. Converting Non-Digital Material to Digital Format

1. Describe types and original formats of materials to be selected for digitization and quantity of each.  
\_\_\_\_\_
2. Identify copyright issues and other potential restrictions with regard to the original non-digital material.  
☐ Public domain \_\_\_\_ % of total      ☐ Permissions have been obtained \_\_\_\_ % of total  
☐ Permissions to be requested \_\_\_\_ % of total. Plan to address: \_\_\_\_\_  
☐ Privacy concerns \_\_\_\_ % of total Plan to address: \_\_\_\_\_  
☐ Other \_\_\_\_ % of total - Explain. \_\_\_\_\_
3. Describe how the newly digitized material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to digitized material, and specify what percentage if any of the total material will be subject to restrictions.  
\_\_\_\_\_  
\_\_\_\_\_
4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g., camera, scanner, server, A/D audio or video converter):  
\_\_\_\_\_  
\_\_\_\_\_

## B. Creating New Digital Content

1. Describe types of materials to be created in digital form and quantity of each.  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe plan to obtain releases/permissions from project content creators and subjects.  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe disposition of ownership. of the new product. Describe how the new product will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to the new content, and specify what percentage if any of the total material will be subject to restrictions.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g., camera, audio recording equipment, video recording equipment, encoding software, server).  
\_\_\_\_\_  
\_\_\_\_\_

**C. Repurposing Existing Digital Content**

1. Describe types and formats of digital materials to be selected for repurposing and quantity of each.  
\_\_\_\_\_
2. Identify copyright issues and other potential restrictions with regard to the original digital material.  
☐ Public domain \_\_\_\_ % of total      ☐ Permissions have been obtained \_\_\_\_ % of total  
☐ Permissions to be requested \_\_\_\_ % of total - Plan to address: \_\_\_\_\_  
☐ Privacy concerns - \_\_\_\_ % of total Plan to address: \_\_\_\_\_  
☐ Other \_\_\_\_ % of total - Explain. \_\_\_\_\_
3. Describe how the repurposed material will be made available to the public. Explain the terms of access and conditions of use. Identify and explain any restrictions that will apply to the repurposed material, and specify what percentage if any of the total material will be subject to restrictions.  
\_\_\_\_\_
4. List the equipment and software, with specifications, whether purchased, leased or outsourced, that will be used (e.g. MPEG encoder, non-linear editing system, GIS software).  
\_\_\_\_\_  
\_\_\_\_\_

**Part II. Answer all questions:**

5. Specify each type of file format (e.g., TIFF, JPEG, MPEG) to be produced and anticipated quality (e.g. minimum resolution, depth, tone, pixel dimensions, file size, sampling rate) of each.  
 Master \_\_\_\_\_  
 Access \_\_\_\_\_  
 Thumbnail \_\_\_\_\_
6. Describe the delivery medium that will be used (e.g. Internet, broadcast, DVD). \_\_\_\_\_
7. Describe the underlying software to manage and/or present the content (e.g. DSpace, Fedora, Content-DM). \_\_\_\_\_
8. Describe the quality control plan. \_\_\_\_\_
9. Explain how descriptive and administrative metadata will be produced and used to describe and manage the content. Include the standards that will be used for data structure, content (e.g. thesauri), protocols, preservation and administrative information and communication of the content (e.g., MARC, EAD, Dublin Core, PBCore, VRA Core Categories, or Categories for the Description of Works of Art).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period (i.e., storage systems, migration plans and commitment of institutional funding).

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11. If content will be provided on the Internet, indicate agreement to submit collection level records for digital products to the IMLS Digital Collections Registry. State reasons for selecting alternative approaches.

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12. Provide URL(s) for applicant's previous digital products, if applicable.

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## Partnership Statement

Use this format to provide information on each formal partnership. Information about partnership applications is on page 1.4. All partners must sign a Partnership Statement.

1. Applicant organization (partner 1) name: \_\_\_\_\_
2. Partner organization name: \_\_\_\_\_
3. List the partner's key roles and responsibilities in the project:

We, the undersigned partner organization, agree to the following:

- We will carry out the activities described above and in the application Narrative.
- We will use any federal funds we receive from the applicant organization in accordance with applicable federal laws and regulations as set forth in the program guidelines and the terms and conditions of the grant award.
- We assure that our facilities and programs comply with the applicable federal requirements and laws as set forth in the program guidelines.

\_\_\_\_\_  
Signature of Partner Authorized Representative/Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Partner Authorized Representative/Authorizing Official  
(Type or Print)

## Organizational Profile

Provide a separate organizational profile for the applicant and for each formal partner. Information about partnership applications is on page 1.4. All formal partners also must sign a Partnership Statement (see p. 5.14).

**For the lead applicant:**

1. Applicant organization name: \_\_\_\_\_
2. Organization mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Organization service area (audience served, including size, demographic characteristics, and geographic area): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For each formal partner:**

1. Partner organization name: \_\_\_\_\_
2. Partner DUNS number: \_\_\_\_\_
3. Partner mailing address: \_\_\_\_\_
4. Partner project contact name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_
5. Governing control of partner (choose one):  
☐ State ☐ County ☐ Municipality ☐ Private nonprofit ☐ University  
☐ Tribal government  
☐ Other (please specify): \_\_\_\_\_
6. Partner type of organization (from list on 21st Century Museum Professionals Grants Program Information form, p. 5.14): \_\_\_\_\_
7. Partner organization mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Partner organization service area (audience served, including size, demographic characteristics, and geographic area): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_